



**Environmental Services Department  
Water & Waste Management  
On-Site Wastewater Treatment Program**

# **ALTERATION**

**TO ONE COMPONENT OF A PERMITTED  
EXISTING ON-SITE WASTEWATER TREATMENT FACILITY\***

***Final Inspection Required***

*This guide includes instruction on how to prepare and submit a NOID Application for an Alteration.*

\* A Conventional OSWTF is a septic tank with Trench, Leach Bed, Seepage Pit or Chamber Technologies for a disposal field. The type of OSWTF selected is based on the Aquifer Protection Permit Rule, Site Investigation – R18-9-A310 and Facility Selection – R18-9-A311.

Water & Waste Management Division, 1001 North Central Ave, Suite 150, Phoenix, Arizona 85004

Office Hours 8:00am to 5:00pm Monday through Friday except Holidays

Telephone (602) 506-6666 FAX (602) 506-6925 Web: [www.maricopa.gov/envsvc/](http://www.maricopa.gov/envsvc/) Email: [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)

December 2012



# Maricopa County

## Environmental Services Department

1001 N. Central Ave. Suite 150  
Phoenix, AZ 85004-1940  
Phone: (602) 506-6681  
Fax: (602) 506-6925  
TTD: (602) 506-6704  
[www.maricopa.gov/envsvc](http://www.maricopa.gov/envsvc)

### PERMIT APPLICATION PROCESS NOTICE

#### Onsite Wastewater Program

Steps required to obtain an Alteration permit are as follows:

1. **Prior to submittal**, if the existing permit number is not available or unknown, complete a Public Record Request. Information on how to do this is at the link below: <http://www.maricopa.gov/EnvSvc/WaterWaste/OWS/SepticSearch.aspx>
2. **If altering the disposal area**, check with the Plan Review Staff or Program Manager regarding use of existing percolation rate.
3. **Submit Alteration application—signed by the property owner**. Include all supporting documentation as listed on the Alteration checklist found in this packet and applicable fees.
4. **Review** of the Alteration packet in accordance with applicable rules and regulation is done by MCESD.
5. **A Construction Authorization** is issued by MCESD for the alteration of the onsite system, citing any required stipulations. MCESD will release P&D Building Permit number if applicable.
6. **A contractor**, licensed by the State of Arizona, completes the alteration of the onsite system and submits an Affidavit of Alteration in lieu of an inspection if permitted by the Department.
7. **Final Inspection** of the alteration by MCESD, if the affidavit is not permitted, is to verify the alteration has been completed as described in the Construction Authorization.
8. **Approved construction** inspection - results in a White Tag placed at the site.
9. **Disapproved construction** inspection - results in a Red Tag placed at the site.
10. **Corrections or deficiencies** are completed by the contractor and a request for a re-inspection is made.
11. **A Discharge Authorization** is issued to the owner by MCESD upon completion of an administrative review of either the Affidavit or the final inspection.

The Department will approve or deny the application in 30 business days or less, excluding any days the application is returned to the applicant for additional information. This overall licensing timeframe is stated by the Arizona Department of Environmental Quality, Delegation Agreement #EV12-0057 as required by A.R.S. §11-1605.

Department contact information regarding your application  
Telephone: 602-506-6616, ask for the Onsite Program  
E-mail: [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)  
Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/OWS/OWS.aspx>

You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. Contact us by in by e-mail or telephone, or in person or mail at the address listed at the top of the page, marked attention Onsite Wastewater Program.



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Environmental Services Department

Water and Waste Management Division  
Onsite Program  
1001 N. Central Avenue #150  
Phoenix, Arizona 85004  
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Web: [www.maricopa.gov/EnvSvc/](http://www.maricopa.gov/EnvSvc/)  
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**Notice of Intent to Discharge (NOID) Application**

**Submission Checklist for Phase II or Alterations**

**NOID APPLICATIONS MUST INCLUDE ALL ITEMS ON THIS CHECKLIST**

**INCOMPLETE OR INACCURATE NOID APPLICATIONS WILL BE PUT ON HOLD UNTIL ALL SUBMISSIONS ARE COMPLETE AND ACCURATE. THE REVIEW AND APPROVAL PROCESS WILL BE DELAYED OR MAY BE CANCELLED IF LICENSING TIME FRAMES ARE EXCEEDED.**

- ☐ Complete NOID application signed by owner **OR** ☐ owner's written designation of agent attached to application.
- ☐ Existing Septic Records identified by a Public Records Search Request. Not required for first build or have a copy.
- ☐ Recorded deed with legal description ☐ Parcel number
- ☐ Sewer Availability required for every application. (directions for sewer determination attached)
- ☐ Vicinity map and detailed driving directions to the site, with distance from nearest cross streets.
- ☐ 2 site plans to scale 1"=10', 1"=20', 1"=30' with North Arrow. **NOTE:** Site plans submitted to MCESD must be identical to the site plans submitted to any city, county, or state entity. Any site plans that are not identical will result in additional review and approval fees, delays in the review and permitting process, and possible withdrawal or previously issued approvals or permits.
- ☐ One (1) floor plan with all rooms identified and plumbing fixtures clearly labeled (sample attached)
- ☐ Applicable fees, cash, check, Visa, MasterCard, Discover, or American Express due at time of submittal.
- ☐ City, Town or County Building permit number required \_\_\_\_\_ (DA not issued until supplied)
- ☐ Location of floodway and floodplain (Floodway/Floodplain instructions attached)
- ☐ Copies of soil/site evaluations, percolation tests or seepage pit performance tests
- ☐ Water Source: ☐ Company or City, ☐ Private Well, ☐ Other Submit a Recorded Shared Well Agreement with survey, OR ☐ Recorded Affidavit of Agreement to Encroach.
- ☐ List of estimated materials, components, and equipment for constructing the on-site treatment facility
- ☐ Two (2) complete site plans: with **north arrow**, scale of 1"=30', 1"=20', or 1"=10'. For larger parcels use an appropriate scale to fit parcel on one sheet of paper. Maximum paper size is 24" x 36". The proposed Onsite system, the structure(s) it serves, and the immediate area may be contained within the dimensions of the parcel drawing or on a separate sheet. (Example site plans attached)
- ☐ Information Block with property owner, site address, subdivision name and lot number or legal description, and parcel number.
- ☐ Indicate, in feet, the distance from two adjacent property lines to: test holes, structures, driveways, washes, and/or drainage easements, setbacks, earth fissures, wells, water line from well or meter to building. Show all setbacks from structures, driveways, wells, etc. Also show on bordering lots, vacant or built-on, any feature less than 200' that may impact the locations of the septic tank, distribution box, distribution lines, primary and reserve disposal areas.
- ☐ Revisions must be clearly labeled as a revision and must include the permit number and date.

**FOR YOUR USE IN DESIGNING AND SIZING THE ONSITE WASTEWATER TREATMENT FACILITY ARE:**

Fixture unit and bedroom Equivalent Determination, SAR and Daily Design Flow for Calculation of System Size, Plan and Profile with pipe elevations of tank and Cross Sections of disposal components.

All Sheets must be signed by the designer and dated (examples attached)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**NOTICE OF INTENT TO DISCHARGE (NOID)**  
Under a General Aquifer Protection Permit for an  
Onsite Wastewater Treatment Facility (OSWTF)

Web: [www.maricopa.gov/EnvSvc/](http://www.maricopa.gov/EnvSvc/)  
E-mail: [Septicquestion@mail.maricopa.gov](mailto:Septicquestion@mail.maricopa.gov)

An application is required to license or permit an activity regulated though statute, rule, code or ordinance may require inspection(s) at the premises.  
An inspection report is provided as required by A.R.S. §41-1009; in person, via mail, e-mail, or FAX.

THIS IS A TWO (2) PAGE DOCUMENT; BOTH PAGES MUST BE COMPLETED BEFORE SUBMITTING TO MCESD.

**NOID Application Instructions:** Print or type in **black** or **blue INK** pencil is not acceptable.  
To avoid delay in the permitting process, complete the NOID fully before submission. Pay applicable fees by cash, check or credit card.

If the NOID review is approved, a Construction Authorization will be issued for a conventional or alternative onsite wastewater treatment facility or for an Alteration of an existing system that has the proper Aquifer Protection Permit.

**Notes:** 1) Alternative onsite wastewater treatment facilities have yearly operating permit review and inspection fee.  
2) This application will expire one year from the date of submittal if a Construction Authorization has **not** been issued.

<b>1. Site Location:</b> Subject Property Address: _____ <b>Maricopa</b> County, AZ _____ <small>Required at time the Construction Authorization is issued      Street Name and      City (if applicable)      Zip Code</small> Cross Streets _____ Parcel Number _____ - _____ - _____ Subdivision Name (if applicable): _____ Lot #(s) _____ Legal Description: Section _____ Township _____ Range _____ Acreage _____	
<b>2. Property Owner</b> Name: _____ Phone # _____ Current Mailing Address*: _____ <small>Street Name and Number      City      State      Zip Code</small> Fax or e-mail _____ Mobile # _____ *Any changes to this address shall be submitted in writing to MCESD within 15 days of the change. All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.	
<b>3. Authorized Agent</b> for Property Owner, (if none, then leave blank): Business Name: _____ Contractor License # _____ Agent _____ Phone # _____ Mailing Address: _____ <small>Street Name and Number      City      State      Zip Code</small> Fax # _____ Mobile # _____ E-mail _____ After 30 Days, unclaimed Construction Authorizations will be mailed to the Property Owner.	
<b>4. Onsite Installer</b> Business Name: _____ Contractor License # _____ Agent _____ Phone # _____ Mailing Address: _____ <small>Street Name and Number      City      State      Zip Code</small> Fax # _____ Mobile # _____ E-mail _____	
<b>5. Existing Environmental Permits:</b> List any state or federal environmental permits issued for, or needed by, this facility, including individual permit, Ground Water Quality Protection Permit, or Notice of Disposal that may have previously authorized the discharge (check all that apply) : _____New installation of an on-site wastewater treatment facility. _____No other environmental permits exist. _____Other environmental permits required (list all): _____	
<b>6. Request to install a system other than septic tank and disposal in R-18-9-E302 with a system in R18-9-E303 through E322:</b> I, _____(Property Owner), am aware that although a septic tank and disposal works system described in R18-9-E302 is appropriate for the site, I desire to install a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322. (R18-9-A311(D) (1). I am also aware that a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322 may result in higher capital, operation, and maintenance costs. (R18-9-A311(D) (2). Date _____ Signature of Owner _____	

OSWTF Permit # \_\_\_\_\_

**7. Site Details:**

WATER SOURCE: **(check one)** ☐ Water Company: Water Company Name \_\_\_\_\_  
☐ Holding Tank (hauling water)  
☐ Private Well Well Identification # \_\_\_\_\_  
☐ Shared Well \* ☐ Affidavit of Agreement to Encroach \*

\*One of these documents must be submitted for review of the setback requirement to a property line or property lines.

Shared Well Agreement Recording # \_\_\_\_\_

OR

Affidavit of Agreement to Encroach into Property Line Setback Recording # \_\_\_\_\_

**8. Narrative Description of Project:**

☐ **NEW - General Permit 4.02** (conventional OSWTF which consists solely of a septic tank **AND** disposal field circled below):

**(circle one)** Trench Seepage Pit Leach Bed Chamber Technology

☐ **ALTERATION - General Permit 4.02** (repair or replacement of the OSWTF septic tank **OR** disposal field circled below):

**(circle one)** Tank Trench Seepage Pit Leach Bed Chamber Technology

☐ **Any Other OSWTF.** Describe proposed treatment and disposal train and indicate all applicable general permit numbers; indicate design flow and expected date of operation; describe sewage source and characteristics: \_\_\_\_\_

THE OSWTF WAS DESIGNED USING A SEPTIC TANK SIZE AND A DESIGN FLOW TO:

☐ **Serve a Single-Family Residence** with typical household sewage.

☐ **Serve a Single-Family Residence** with typical household sewage and \_\_\_\_\_  
List all other sources and characteristics of the wastewater

☐ **Serve Other Than a Single-Family Residence** with typical household sewage.

☐ **Serve Other Than a Single-Family Residence** with other than typical household sewage. Provide the following information:

Type of Facility \_\_\_\_\_ Number of Employees/Users \_\_\_\_\_

Sources and characteristics of the wastewater \_\_\_\_\_

**9. Certification: (READ CAREFULLY AND SIGN BELOW. to be completed by the property owner identified in Item Two (2) on the front of this application:**

I \_\_\_\_\_, certify that this Notice of Intent to Discharge and all attachments were prepared  
Print Name

under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that the on-site wastewater treatment facility described in this form is or will be designed, constructed, and operated in accordance with terms and conditions of the authorized general aquifer protection permit(s) and applicable requirements of A.R.S. Title 49, Chapter 2, the Arizona Administrative Code Title 18, Chapter 9 and the Maricopa County Environmental Health Code. **I am aware that there are significant penalties for submitting false information including permit revocation and the possibility of fine and imprisonment for known violations.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS SPACE FOR OFFICE USE ONLY

NOID Log in Date \_\_\_\_\_ By \_\_\_\_\_

ACR Completed \_\_\_\_\_ By \_\_\_\_\_

Paperwork Review

ACR Incomplete/HOLD \_\_\_\_\_ By \_\_\_\_\_

SR Pre Const Completed \_\_\_\_\_ By \_\_\_\_\_

Plan Review

SR Pre Const -Incomplete/HOLD \_\_\_\_\_ By \_\_\_\_\_

SR Post Const Completed \_\_\_\_\_ By \_\_\_\_\_

Inspection

Site Code: \_\_\_\_\_

MC P/D Tracking # B \_\_\_\_\_

APPROVALS: General Permit (circle one): 4.02 Other \_\_\_\_\_

Design Flow: \_\_\_\_\_ gpd System Type: \_\_\_\_\_

BILLING PURPOSE	AMT PD	RECEIPT #	DATE PD
PLAN REVIEW / SITE			
PLAN REVIEW / SITE			
OTHER			

**MARICOPA COUNTY ENVIRONMENTAL HEALTH CODE CHAPTER 1**  
**WATER WASTE MANAGEMENT DIVISION-ONSITE WASTEWATER AND WELL PROGRAM**  
**FEE SCHEDULE EXCERPT\*\*\* EFFECTIVE AUGUST 1, 2010**

**BASE ONSITE FEES**

Onsite System Site Inspection	\$325
Onsite Additional Inspection	\$325
*Septic Tank Conventional Disposal, less than 3,000 gal/day	\$550
Onsite System Alteration Permit	\$205
Onsite System Alteration Permit and One Inspection	\$400
Onsite System Reconnect/Remodel Review (Minor Plan Review)	\$205
Onsite System Reconnect/Remodel review with one inspection	\$400
Aerobic System with Surface Disposal	\$1,050
Septic tank with one additional alternative element**	\$1,050
Septic tank with more than one additional alternative element**	\$1,050
each additional alternative element	\$250
Onsite System Design Requiring Interceptor	\$200 per interceptor
Onsite Facility with flow from 3,000 to less than 24,000 gal/day	\$1,800
Composting Toilet, less than 3,000 gal/day	\$400
Onsite System Abandon Site	\$175

**DOMESTIC WELL APPROVAL**

Domestic Well Location Approval (ADWR Form)	\$175
Domestic Well: drill, deepen, replace or modify - no inspection	\$175

**REVIEW AND COMPARISON OF REVISIONS TO APPROVED CONSTRUCTION OR DISCHARGE AUTHORIZATION**

Onsite System Plan Revision	\$205
Planning and Development Plan Review	\$80

**REQUEST FOR CHANGE PERMITTED BY RULE**

Onsite System Request for Alternate Design, Installation or Operational Feature (A 312 G)	\$75
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**TRANSFER OF OWNERSHIP**

Onsite System Transfer of Ownership	\$50
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**OPERATING PERMIT FOR OPERATION AND MAINTENANCE RECORD REVIEW AND SYSTEM INSPECTION**

Individual Onsite Treatment Plant Operating Permit (Alternative Systems)	\$100 per year
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**INVESTIGATION**

Investigation: Onsite	\$130 per hour
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**EXPEDITED PLAN REVIEW**

Expedited Plan Review Fees are twice the fee for that category Expedited Plan Reviews require prior Program Management Approval
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\* Gravity fed trenches, seepage pits, leach beds or chambers. Includes up to three (3) plan reviews and three (3) construction inspections.

\*\* These alternative disposal elements are for all systems of less than 3,000 gal/day and include: pressure distribution, gravelless trenches, natural seal evapotranspiration beds, Wisconsin Mounds, engineered pad, intermittent sand filters, peat filters, Ruck® Systems, sewage vaults, aerobic systems with surface or with subsurface disposal, cap systems, constructed wetlands, sand lined trenches, disinfection devices, sequencing batch reactors, and subsurface drip irrigation systems.

\*\*\*To see the entire fee schedule go to: [www.maricopa.gov/envsvc](http://www.maricopa.gov/envsvc)

QUESTIONS REGARDING THESE FEES CONTACT MCESD, WWMD 602-506-6666



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TDD: (602) 506-6704  
www.maricopa.gov/envsvc

## COMMERCIAL PURPOSE Public Record Request

Date: \_\_\_\_\_

FAX to 602-506-6925 or E-mail to [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)

ONE FORM PER ADDRESS/PARCEL. FLAT UP-FRONT FEE of \$30 per parcel/address.

Payment is available over the phone. PAYMENT REQUIRED BEFORE SEARCH IS BEGUN.

TO CUSTODIAN OF RECORDS: ONSITE WASTEWATER TREATMENT PROGRAM

A "Commercial Purpose" means the use of a public record for the purpose of sale or resale including any of the following:

- Producing a document containing all or part of the copy, printout, or photograph for sale; or
- Obtaining of names and addresses from such public records for the purpose of solicitation, or for creating a list for resale; or
- For any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records. (A.R.S. §39-121.03(D)).

### Caution: A.R.S. § 39-121.03(C) provides:

A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney's fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records.

I \_\_\_\_\_, am the \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_, located at \_\_\_\_\_  
(Company Name) (Address, City, State, Zip)

which is engaged in the business of \_\_\_\_\_.  
(Nature of Business)

**Records found can be faxed, mailed, or picked up. Please plan on 5 - 10 business days for search to be completed. NOTE: Not all searches produce a record.**

FOR ADMINISTRATIVE USE ONLY:

Date returned to customer:\_\_\_\_\_

Receipt #:\_\_\_\_\_ Date of payment:\_\_\_\_\_ Payment type & #:\_\_\_\_\_

SPTC /Billing Code#\_\_\_\_\_ Returned to customer by:\_\_\_\_\_

Record(s) found:\_\_\_\_\_

☐

No Record Found

Method released (faxed, mailed, picked up):\_\_\_\_\_ Fee charged:\_\_\_\_\_ Result: UP NR EX

I am requesting a copy of the septic record/s of the following:

Site address:\_\_\_\_\_

Year system installed:\_\_\_\_\_

Complete legal description:\_\_\_\_\_

(Please note: If this is an approved subdivision, identify subdivision name and lot number. If not, provide a copy of deed including legal description)

Assessor Parcel #:\_\_\_\_\_

Subdivision Name:\_\_\_\_\_ Lot #:\_\_\_\_\_

**The public records which I have requested are for the following purpose (required):**

☐

**SYSTEM FAILING (check this box if system is backing up)**

I certify that all information provided is true and correct. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive. (See disclaimer below).

#### **DISCLAIMER INDEMNIFICATION**

**Requester/Purchaser understands and agrees that Maricopa County does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information. Requester/Purchaser accepts responsibility for Requester/Purchaser's unauthorized use or transmission of any such data or information in its actual or altered form.**

Date:\_\_\_\_\_

Requester Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_





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## SEWER DETERMINATION

### REQUIRED

- Sewer Determination statement is required if the parcel is within city or town limits.
- Sewer Determination statement is required if the parcel is a county island within city or town limits.
- Sewer Determination statement is required if the parcel is in a sanitary sewer district service area.

### SUGGESTED

- Applicants living in close approximation to a city or town limits or the boundaries of a sanitary sewer district may want to get the sewer determination statement.

### OTHER

- During plan review there may be a request for a sewer determination statement on the parcel.

THE ONSITE PROGRAM REQUIRES A SEWER DETERMINATION WITH ALL APPLICATIONS. THIS REQUIREMENT IS TO ASSIST THE APPLICANT/OWNER AVOID DIFFICULTIES WITH A LOCAL SEWER AUTHORITY NOW OR IN THE FUTURE.

Both the Arizona Administrative Code and the Maricopa County Environmental Health Code have provisions where connection to a sewer collection system may be required.

The Maricopa County Environmental Health Code Chapter II, Section 8 Regulation 4 states:

- a. When connection may reasonably and practicably be made to an approved municipal, community, or similar sewerage system.....
- e. ...when an onsite wastewater treatment facility fails, ...

The Arizona Administrative Code R 18-9-A309 A. 5 states:

A person constructing a new on-site wastewater treatment facility or replacing the treatment works or disposal works of an existing on-site wastewater treatment facility shall connect to a sewage collection system **if**:

- a. **One** of the following applies:
  - i. A provision of a Nitrogen Management Area designated under R18-9-A317(C) requires connection;
  - ii. A county, municipal, or sanitary district ordinance requires connection; or
  - iii. The on-site wastewater treatment facility is located within an area identified for connection to a sewage collection system by a Certified Area-wide Water Quality Management Plan adopted under 18 A.A.C. 5 or a master plan adopted by a majority of the elected officials of a board or council for a county, municipality, or sanitary district; **or**
- b. A sewer line extension is available at the property boundary and both of the following apply:
  - i. The service connection fess is not more than \$6000 for a dwelling or \$10 times the daily design flow in gallons for a source other than a dwelling, and
  - ii. The cost of constructing the building sewer from the wastewater source to the service connection is not more the \$3000 for a dwelling or \$5 times the daily design flow for a source other than a dwelling.

**NOTE:** SOME MUNICIPALITIES HAVE STRINGENT REQUIREMENTS THAT MANDATE CONNECTION TO THE SEWAGE COLLECTION SYSTEM.

TO ASSIST YOU IN SEWER DETERMINATION, MARICOPA COUNTY ENVIRONMENTAL SERVICES IS PROVIDING CONTACTS, PHONE NUMBERS AND E-MAIL ADDRESSES ON THE FOLLOWING PAGE. A STATEMENT FROM THE LOCAL SEWER AUTHORITY INDICATING THEIR DETERMINATION OF CONNECTION OR NO CONNECTION TO THE SEWER IS ADVISED PRIOR TO ANY SUBMITTAL TO THE ENVIRONMENTAL SERVICES DEPARTMENT. MARICOPA COUNTY ENVIRONMENTAL SERVICES MAKES EVERY ATTEMPT TO PROVIDE ACCURATE INFORMATION. CONTACTS, PHONE NUMBERS AND E-MAIL ADDRESSES MAY CHANGE WITHOUT OUR KNOWLEDGE.

If you find errors in this list, please let us know at [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov). Thank you.

<b>City</b>	<b>Sewer Availability Contact Information</b>	<b>Web/Email Address</b>
AVONDALE	Michael Yracheta, Wastewater Collections Supervisor, 623-333-4414	myracheta@avondale.org
BUCKEYE	Arnold Coronado, Water Distribution Supervisor, 623-349-6104	acoronado@buckeyeaz.gov
CAVE CREEK	Jessica Marlow, PE, Utilities Manager, 480-488-6618,	jmarlow@cavecreek.org
CAREFREE	Black Mountain Sewer Company, 480-488-4152	www.libertywater.com
CHANDLER	Warren White, P.E. Principal Engineer 480-782-3337, fax 480-782-3350	warren.white@chandleraz.gov
EL MIRAGE	Dave Emon, Wastewater Superintendent, 623-876-4251	demon@cityofelmirage.org
GILBERT	Tom Condit, PE, Development Engineer, 480-503-6815	tom.condit@gilbertaz.com
GLENDALE	Mark Ivanich, Land Development Engineer, 623-930-3654	mivanich@glendaleaz.com
GOODYEAR	Engineering Office: Darren Farar or Tammy Valadez Paz, 623-882-3110	darren.farar@goodyearaz.gov tammy.valadezpaz@goodyearaz.gov
MESA	Beth Hughes-Ornelias, 480-644-3254	beth.hughes-ornelias@mesaaz.gov
PARADISE VALLEY	Richard Edwards, Senior Engineering Technician, 480-348-3528 <u>Note: No letter is required for Clearwater Hills Subdivision. No sewer is available.</u>	redwards@paradisevalleyaz.gov
PEORIA	Rebecca Zook, Sr. Development Engineer, 623-773-7589	rebecca.zook@peoriaaz.gov
PHOENIX	Arlene Torres-Guevara, 602-256-4296 or Vern Robins, 602-534-1653 Jesse Flores, 602-256-4149	arlene.torres.guevara@phoenix.gov vern.robins@phoenix.gov jesse.flores@phoenix.gov
QUEEN CREEK	Building Department, 480-987-0496	www.queencreek.org
SCOTTSDALE	Doug Mann, Water Resources Engineer, 480-312-5636	dmann@scottsdaleaz.gov
SURPRISE	James P. Shano, Utilities CIP – Division Manager, 623-222-7000	water@surpriseaz.com
TEMPE	Mark Weber, PE, Water Engineering Manager, 480-350-8526	mark_weber@tempe.gov
TOLLESON	David L. Tyler, Superintendent Wastewater Utilities - (623) 478-8722	dtyler@tollesonaz.org
WICKENBURG	Mark Lemon, Chief WWTP/WS/WD Operator, 928-684-5873	wwtp@ci.wickenburg.az.us



## **FLOODWAYS AND FLOOD PLAINS**

The Arizona Aquifer Protection Permit Program (Rule) and the Maricopa County Environmental Health Code (Code) have regulations on where an Onsite Wastewater Treatment Facility, commonly known as a Septic System, can be installed.

It is important to determine if your parcel is in a floodway or floodplain.

Each submittal for a permit to install a septic system must identify all washes, drainage easements, floodway and flood plain boundaries. In some instances Grading and Drainage plans may be required.

**No** permit for an Onsite Wastewater Treatment Facility will be issued if the proposed structures are in the floodway.

A permit **may** be issued for an Onsite Wastewater Treatment Facility on the parcel if: 1) a flood plain use permit is approved by the Maricopa County Flood Control Department, 2) allowed by cities and towns that conduct their own floodplain management, and 3) the installation will meet all setbacks established by Rule and Code.

The cities and towns that conduct their own floodplain management are: Avondale, Gilbert, Glendale, Goodyear, Peoria, Phoenix, Scottsdale, Tempe and Youngstown. They should be consulted for floodway and floodplain issues for your parcel.

In unincorporated Maricopa County or in cities and towns that do not conduct their own floodplain management, go to the website below or call 602-506-1501 to determine if the parcel is in a floodway or floodplain:

<http://www.fcd.maricopa.gov>

This opens the Flood Control home page.

1. Click on MAPS tab located on the upper task bar to the right of the Flood Control Seal
2. Click on the View Current 100-Year FEMA Effective and Preliminary Flood Plain Maps
3. Click OK on the disclaimer page
4. A large map page will open
5. Click on Search by...on the top task bar
6. The parcel search page will open
7. Enter the parcel number and click on zoom to
8. On the next page on the right side click yes on Highlight Parcel
9. If there are blue, red or purple areas shown they note floodplains or floodways
10. On the top task bar, to the left of search by is the print icon-click, print and include it in the submission package

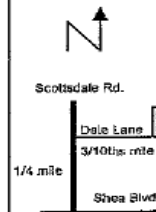
# SAMPLE SITE PLAN

PERMIT/FILE # 00-0000

Owner: John Smith  
 Site Address: 11111 E. Dale Lane  
 Parcel # 222-22-001B  
 Subdivision: Lost Acres, Lot 1023  
 Legal Desc: E1/2, NW1/4, NE1/4, NE1/4, SW1/4 of Sec. 10,  
 T5N, R4E of the Gila and Salt River Base and Meridian,  
 Maricopa County, Arizona

OSWTF Design by: Mary Brown  
 Hm. Ph. # -602-333-5555  
 Cell Ph. # - 602-444-9999  
 Fax # - 623-546-6666  
 Design/Revision Date: 1/1/10

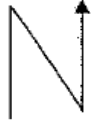
## Vicinity Map and Directions, NTS



East on Shea Blvd. to  
 Scottsdale Rd., turn left (North)  
 for 1/4 mile. Turn right (East)  
 at Dale Ln. Go 3/10th's of a  
 mile to the property on the  
 left (North) side of the road.

Note: all setbacks are minimums

\*Scale: 1" = 30'



### Key:



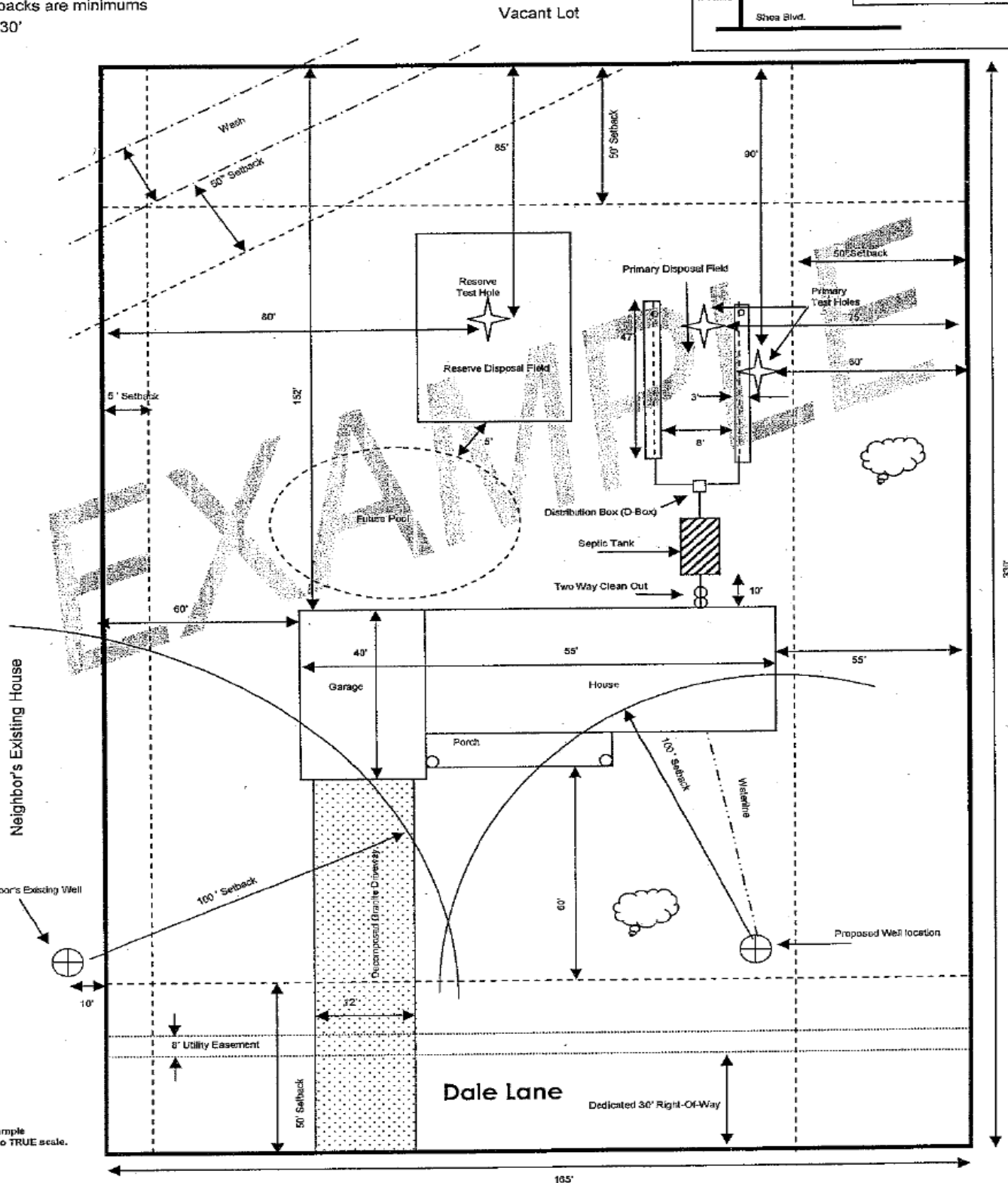
Palo Verde



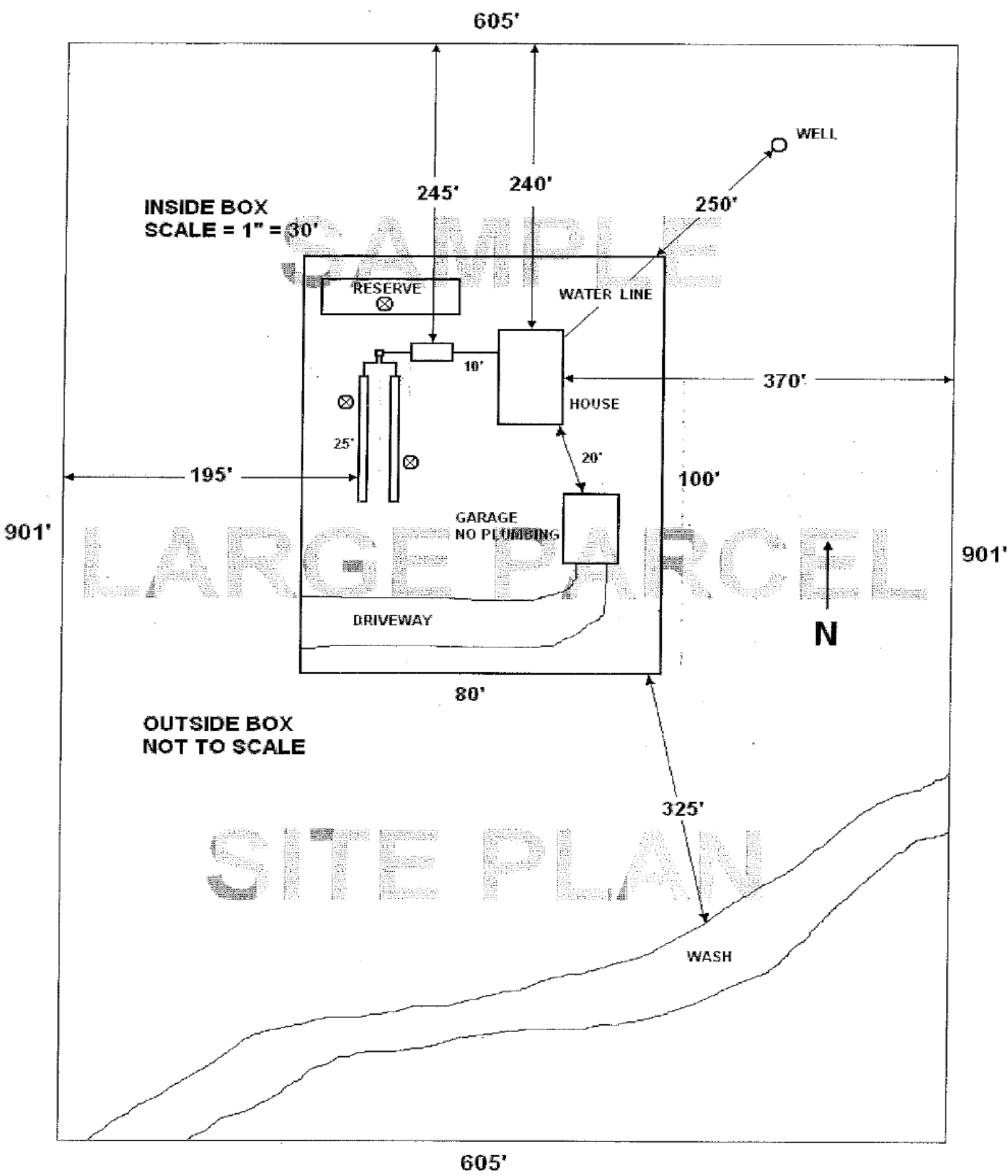
Test Hole

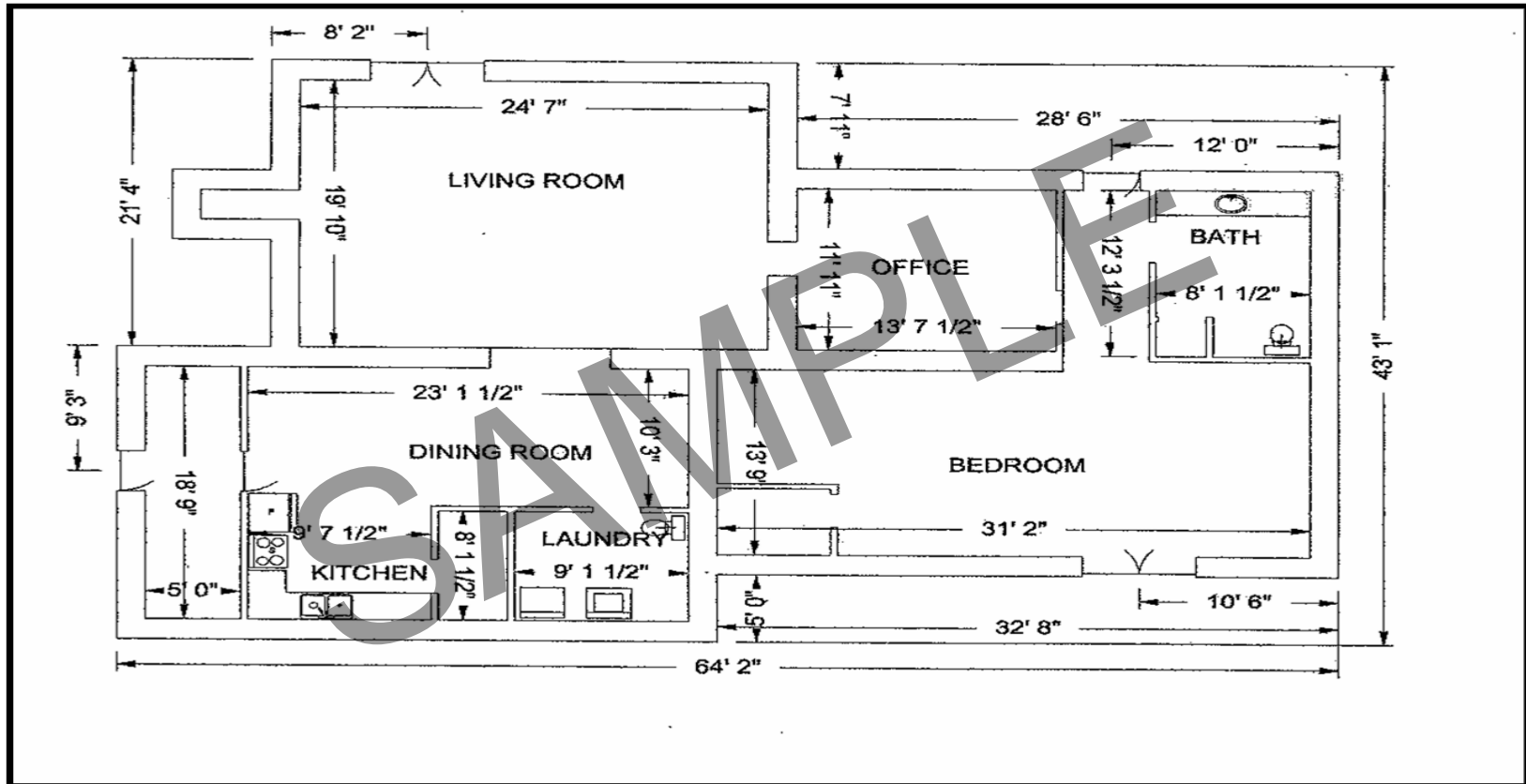


Well



\*This Site Plan is for example  
 purposes only, it is not to TRUE scale.





Floor plan with dimensions and all rooms and plumbing fixtures clearly labeled.

ENVIRONMENTAL SERVICES  
DEPARTMENT  
John Kolman, RS, MBA, Director  
1001 North Central, Ste. 150  
Phoenix, AZ 85004



DIVISION OF WATER AND  
WASTE MANAGEMENT  
Kevin S. Chadwick, PE, Division Manager  
(602) 506-6666  
FAX (602) 506-6925

**MATERIALS LIST FOR ON-SITE WASTEWATER TREATMENT FACILITY**

**OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

**TANK MANUFACTURER:** \_\_\_\_\_

**TANK SIZE:** \_\_\_\_\_ gallons.

A. Concrete: \_\_\_\_\_

B. Fiberglass: \_\_\_\_\_

C. Polyethylene: \_\_\_\_\_

**D-BOX:** \_\_\_\_\_ 4 hole. \_\_\_\_\_ 6 hole. \_\_\_\_\_ Other: \_\_\_\_\_

**Material:** \_\_\_\_\_ Concrete \_\_\_\_\_ Polyethylene

**TYPE OF AGGREGATE TO BE USED:** \_\_\_\_\_. \_\_\_\_\_ tons.

**WASHED RE-CYCLED CONCRETE:** \_\_\_\_\_. \_\_\_\_\_ tons.

**LENGTH OF PIPE:**

A. SOLID: \_\_\_\_\_ Feet

B. PERFORATED \_\_\_\_\_ Feet

C. SDR 35: \_\_\_\_\_ YES \_\_\_\_\_ NO

**CHAMBERS:**

A. TYPE: \_\_\_\_\_

B. NUMBER: \_\_\_\_\_

**OTHER COMPONENTS:**

A. GEO-TEXTILE \_\_\_\_\_ Feet.

B. OTHER NON-POROUS MATERIAL: Type: \_\_\_\_\_. \_\_\_\_\_ Feet.

**ALTERNATIVE SYSTEMS:**

Describe materials list in detail-attach separate sheet

**PRESSURE DRIP SYSTEMS:**

Materials and quantity-attach separate sheet

**PRINT DESIGNER NAME:** \_\_\_\_\_

**PRINT INSTALLER NAME:** \_\_\_\_\_ **ROC:** \_\_\_\_\_

**PERMIT:** \_\_\_\_\_